Only

# STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Gillibrand for Senate 124 Washington St. ADDRESS (number and street) Suite 101 (Check if address is changed) Foxboro 02035 MA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS cjgrover@vlpc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.kirstengillibrand.com (Check if address is changed) DATE 2022 C00413914 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lowey, Keith, D.,, Type or Print Name of Treasurer Lowey, Keith, D.,, [Electronically Filed] 08 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the car information below.)	ndidate
	Name of Candidate Gillibrand, Kirsten, , ,	
	Party Affiliation DEM Sought: House Senate President	State NY
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	janization is a:
	Corporation Corporation w/o Capital Stock Labor Organia	zation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)	d or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1 (Revised	02/2009)		Page <b>3</b>
W	rite or Type Committee Name			
	Gillibrand for S	Senate		
6.		Organization, Affiliated Committee, Joint Fundraisi	ng Representative, or	Leadership PAC Sponsor
	Gillibrand Victory Fu	ina 		
	Mailing Address	124 Washington Street		
		Suite 101		
		Foxboro	. I MA I	02035
		OITV A	OTATE A	7ID 00DE A
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fi	undraising Representativ	e Leadership PAC Sponso
7.	Custodian of Records: Iden	tify by name, address (phone number optional) and	position of the person in	possession of committee
	books and records.			
	Lowey, Ke	ith, D., ,		
	Full Name			
	Mailing Address	124 Washington Street		
	Ç	Suite 101		
		Foxboro	LMA	02035
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		none number 508	3  -   543  -   1720
		Поторг	ione number	
— ≀	Treasurer: List the name ar	nd address (phone number optional) of the treasur	er of the committee: a	nd the name and address of
	any designated agent (e.g.,		or or the commutes, an	na ino name ana adarese er
	Full Name Lowey, Ke	ith, D., ,		
	of Treasurer			
	Mailing Address	124 Washington Street		
		Suite 101		
		Foxboro	MA I	02035
	Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲
			.   508	3     543     1720
	Treasurer	Teleph	none number	

FEC Form 1 (	Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
L		
	<b>epositories:</b> List all banks or other depositories in which the committee deposits funds or maintains funds.	s, holds accounts, rents
Name of Bank, De	pository, etc.	
ا	Amalgamated Bank	
Mailing Address	1825 K Street, NW	
	Washington DC 2	20006
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, De	pository, etc.	
_	Chain Bridge Bank, NA	
Mailing Address	1445-A Laughlin Ave	
	McLean VA 2	22101
	CITY ▲ STATE ▲	ZIP CODE ▲

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Gillibrand Demings Beasley Victory Fund  Mailing Address  124 Washington St.  Suite 101  Foxboro  Relationship:  CITY ▲  STATE ▲  ZIP CODE.  Connected Organization  Affiliated Committee  ✓ Joint Fundraising Representative  Leadership PAG  Paginated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TiTLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number	n). <b>Joint Fundraisi</b>	ng Participant:		
3	1.		FEC ID number	C
A. FEC ID number C  ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Signilibrand Demings Beasley Victory Fund  Mailing Address  124 Washington St.  Suite 101  Foxboro  Relationship: CITY ▲ STATE ▲ ZIP CODE.  Connected Organization	2.		FEC ID number	C
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Signilibrand Demings Beasley Victory Fund  Mailing Address  124 Washington St.  Suite 101  Foxboro  Relationship:  CITY ▲ STATE ▲ ZIP CODE.  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  sesignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number — — — — — — — — — — — — — — — — — — —	3		FEC ID number	C
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Space Spac			FEC ID number	C
Mailing Address    124 Washington St.	4.			
Mailing Address    124 Washington St.	ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ındraising Representat	ive, or Leadership PAC Spor
Suite 101  Foxboro  Relationship:  CITY ▲  STATE ▲  ZIP CODE  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number  Telephone Number  Telephone Number  anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, latery deposit boxes or maintains funds.  ame of Bank, epository, etc.	Gillibrand Deming	gs Beasley Victory Fund		
Suite 101  Foxboro  Relationship:  CITY ▲  STATE ▲  ZIP CODE  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number  Telephone Number  Telephone Number  anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, leftly deposit boxes or maintains funds.  ame of Bank, appository, etc.	<u> </u>			
Suite 101  Foxboro  Relationship:  CITY ▲  STATE ▲  ZIP CODE  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number  Telephone Number  Telephone Number  anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, leftly deposit boxes or maintains funds.  ame of Bank, appository, etc.		404.W. I 0.		
Relationship:  CITY A  STATE A  ZIP CODE  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAG  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION   CITY A  STATE A  ZIP CODE A  Telephone Number	Mailing Address	124 Wasnington St.		
Relationship:  CITY A  STATE A  ZIP CODE  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAG  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION   CITY A  STATE A  ZIP CODE A  Telephone Number		Suite 101		
Connected Organization		Foxboro	MA	02035
Pasignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number	Relationship:	CITY A	STATE A	▲ ZIP CODE ▲
Pasignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number				
TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number				ntative Leadership PAC S
TITLE OR POSITION   CITY   Telephone Number	esignated Agent: Identif			ntative Leadership PAC S
TITLE OR POSITION   CITY   Telephone Number	esignated Agent: Identif			ntative Leadership PAC S
TITLE OR POSITION   Telephone Number	esignated Agent: Identif			ntative Leadership PAC S
Telephone Number	esignated Agent: Identif	fy by name, address (phone number – optional)		ntative Leadership PAC S
ame of Bank, epository, etc.	esignated Agent: Identif	fy by name, address (phone number – optional)		
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	Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
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### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisin</b>		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected Gillibrand Kelly Vi	Organization, Affiliated Committee, Joint Fund ctory Fund	raising Representative	e, or Leadership PAC Spon
Mailing Address	124 Washington St.		
	Suite 101		
	Foxboro	MA L	02035
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC S
	Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identify  Full Name   _   _   _		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify  Full Name   _   _   _		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify  Full Name	by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name   _   _    Mailing Address  TITLE OR POSITION	by name, address (phone number – optional)  CITY	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_

(h). <b>Joint Fundraisir</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected Booker Gillibrand	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	600 Pennsylvania Ave, SE		
	Suite 15180		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number - optional)		
esignated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
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Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
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Full Name  Mailing Address  TITLE OR POSITION  Lanks or Other Depositor defety deposit boxes or mail depository, etc.	CITY A	Telephone Number	
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i(g) or (	h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
5. <b>N</b>		Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
		on Victory Committee		
	Mailing Address	502 Monroe Street		
		Newport	KY	41071
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	undraising Representa	Leadership PAC Sponsor
. <b>D</b>	esignated Agent: Identify	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	CITY ▲	STATE A	
	LILE ON FOSITION		phone Number	
Sã	anks or Other Depositor afety deposit boxes or ma ame of Bank,	ries: List all banks or other depositories in which the intains funds.	e committee deposit	s funds, holds accounts, rents
	epository, etc.			
	Mailing Address			

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_11\_\_\_

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TITLE OR POSITION			Telephone N	lumber _	
TITLE OR POSITION	▼	CITY A		STATE A	ZIP CODE ▲
		OUTV		07475	7ID 00DF +
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	d Overs nization		loint Frankrish		
Relationship:		CITY A		STATE A	ZIP CODE A
	Foxboro			ı MA ı	02035
Mailing Address	Suite 101				
	124 Washingto	on St			
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5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative,	or Leadership PAC Sponsor
	Warnock Gillibran	d Victory Fund		
	Mailing Address	124 Washington St		
	Mailing Address	Suite 101		
		Foxboro	MA	02035
	5.4		MA MA	
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	1 Organization Affiliated Committee X Joint	Fundraising Representat	ive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
		I contract c		
	TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
		1	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposits	funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			
	Mailing Address			
	Mailing Address			

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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prince List all hooks as other deposits.	in which the committee desire	site fundo heldo esservato vento
	Telephone Number	
CITY ▲	STATE ▲	ZIP CODE ▲
y by name, address (phone number – op	tional)	
ed Organization Affiliated Committee	Joint Fundraising Represer	ntative Leadership PAC Spo
CITY ▲	STATE A	ZIP CODE A
Foxboro		02035
Suite 101		
ı 124 Washington St.		
Organization, Affiliated Committee, Joi tory Fund	nt Fundraising Representati	ve, or Leadership PAC Sponso
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	tory Fund  124 Washington St.  Suite 101  Foxboro  CITY ▲  d Organization  Affiliated Committee  fy by name, address (phone number – opi	Telephone Number    124 Washington St.     Suite 101     Foxboro